

**TARGET CASE MANAGEMENT  
AND  
MEDI-CAL ADMINISTRATIVE CLAIMING  
FOR  
TRANSITION PERIOD  
(January 01, 1995 - June 30, 1995)**

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## PREPARATION INSTRUCTIONS FOR THE TRANSITION PERIOD FOR CLAIMING TARGETED CASE MANAGEMENT AND ADMINISTRATIVE ACTIVITIES

### Introduction

These instructions are for the Detailed Invoice to be used exclusively for the Transition Period, January 01, 1995 through June 30, 1995. The Detailed Invoice for claiming Medi-Cal Administrative Activities is identical to the Detailed Invoice used for the Resolution Process with exception of the heading. The Detailed Invoice for claiming Targeted Case Management Activities is similar but has been modified to limit claiming to non-enhanceable activities at the reimbursement rate of 50%.

As with the Resolution Period, the Activity Percentages to be input on the claim form will be issued by the Department of Health Services Accounting Section, Federal Liaison Unit. The percentages are derived from the survey results submitted for the Resolution Period.

Claiming during the Transition Period is subject to the following conditions:

1. All claiming entities who intend to claim under both Targeted Case Management (TCM) and Medi-Cal Administrative Claiming (MAC) will be issued unique percentages for each. An activity which HCFA has identified as claimable as a TCM activity and as a MAC activity MUST be claimed as a TCM activity if that claiming entity and has elected to claim TCM.

Claiming entities claiming MAC, and **not** TCM, must use the Activity Result Percentages issued for the Resolution Period for that claiming entity. These percentages were previously provided to LGAs and will not be reissued.

Claiming percentages for Skilled Professional Medical Personnel (SPMP) and Non-SPMP will be issued for TCM and/or MAC.

2. All TCM activities are discounted by the Medi-Cal percentage.
3. TCM activities are reimbursed at the non-enhanced rate of 50% FFP.
4. MAC activities are identified as enhanced or non-enhanced. Some MAC activities have the Medi-Cal percentage (discount factor) applied, others do not.
5. When claiming for MAC, use the Medi-Cal Administrative Claim form as labeled for the Transition Period. When claiming for TCM, use the new Targeted Case Management claim form for the Transition Period.

If claiming for both TCM and MAC, identical costs and revenues must be identified on both claims on Lines A through K and Lines RA through RH respectively.

6. Normally claims are submitted on a quarterly basis, but for the transition period (3rd & 4th quarters of FY 1994/95), both quarters costs may be included on one invoice. Therefore, if a claiming entity is claiming both TCM and MAC, it would prepare one claim for TCM and one claim for MAC for the entire transition period.
7. State Plan Amendments for Veteran's Services and Mental Health are NOT authorized for TCM. For the transition period, these programs may claim MAC only. Activity Result Percentages for the transition period are the same as those used for the Resolution Period. Letters with percentages for these programs have already been sent to LGAs and will not be sent again.
8. HCFA will not extend this transition period claiming methodology beyond June 30, 1995 for claiming TCM activities.
9. The State and HCFA do not intend this to be a precedent setting claiming process. Once claims for this transition period are submitted and paid, no further claims for that claiming entity can be submitted, nor can HCFA review or otherwise reconsider such claims at a later date.

#### Cost Pool Construction

Staff should be assigned to Cost Pools in the same manner as described in the Resolution Process Instructions. Programs claiming both TCM and MAC will enter cost and revenue data for the entire claiming unit on both claiming forms. Only the claiming percentages will be different.

#### Entering the Percentage of Medi-Cal Recipients

As on the Resolution Process form, this figure is entered on line Z for both TCM and MAC. This discount factor is applied to most MAC activities and to all TCM activities. Two methods are acceptable for determining this figure:

- (1) The same Medi-Cal percentage as that approved by HCFA for the first and second quarters of 1994-95 for the Resolution period; or
- (2) A percentage based on the actual "head counts" of the total numbers of Medi-Cal recipients and the total number of all individuals served by the claiming unit calculated for at least one full month during the period April 1 - June 30, 1995.

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#### Entering Activity Data

For claiming units claiming **only** MAC: The percentages provided for the Resolution Process for SPMPs and Non-SPMPs should be used for the transition period. These percentages will **not** be provided to the Local Governmental Agency again.

For claiming units claiming **only** TCM: Percentages will be forthcoming from the Department of Health Services (DHS) Federal Liaison Unit. These percentages must be used for the **Transition Period**. These percentages are not the same as those used in the Resolution Process. Each unit will **receive** unique percentage for SPMPs and Non-SPMPs.

For claiming units claiming both TCM and MAC: Two sets of percentages, each with unique percentages for SPMP and Non-SPMP, will be provided by DHS. One set of percentages **will be used** for claiming TCM activities and the other MAC activities. HCFA has identified some activities claimable for both TCM and MAC. When a claiming entity is claiming both TCM and MAC, **that** activity must be claimed for TCM.

#### Rules for Offsetting Funding Sources (Revenues)

The rules applicable to the Resolution Period apply to the Transition Period. The same **supporting** documentation is required.

## INVOICE ORGANIZATION

It is the responsibility of the MAC Coordinator to review all invoices for completeness and accuracy prior to submitting them to the State Department of Health Services. Invoices not submitted in the proper format will be returned to the LGA without being reviewed. Invoices containing errors will be returned to the LGA for correction.

### Detailed Invoice

Two Detailed Invoice forms are provided, one for TCM and one for MAC. The appropriate invoice form must be used when claiming for the transition period.

Each Detailed Invoice must be signed by the designated staff. The original and two copies must be sent to DHS.

### Summary Claim

Two Summary Claim forms are provided, one for TCM and one for MAC. The Summary Claim must be submitted on letterhead. The original and two copies must be sent to DHS.

As with the Resolution Period, claims may be submitted as they are ready. It is not necessary to submit claims for the transition period at one time.

The Summary Claim should be used to summarize all invoices submitted at one time. For example, a LGA is participating in both TCM and MAC. Their Public Health and Public Guardian claims are ready to submit for payment. One Summary Claim for TCM would be prepared summarizing the totals for TCM Public Health and TCM Public Guardian. Another Summary Claim would be prepared for MAC again summarizing the totals for MAC Public Health and MAC Public Guardian.

Since no LGA has received payment for fiscal year 1994/95, it is not necessary to report previous payment received under the Original MAC system.

### Period Claim

Normally claims are submitted on a quarterly basis, but for the transition period (3rd & 4th quarters of FY 1994/95), both quarters costs and funding sources may be included on one invoice for each claiming entity. Therefore, if a claiming entity is claiming both TCM and MAC, it would prepare one claim for TCM and one claim for MAC for the entire transition period. A claiming entity claiming only MAC would submit only one Detailed Invoice which reflects the costs and offset funding sources for the entire transition period.

Invoice Number

Each transition period Detailed Invoice and Summary Invoice submitted must use the following standardized numbering system:

MAC invoices: M94/95 - 2 (This indicates the claim is for FY 94/95 and two quarters costs/revenues are included)

TCM invoices: T94/95 -2 (This indicates the claim is for FY 94/95 and two quarters costs/revenues are included)

All MAC and TCM invoices for the transition period should be mailed to:

Department of Health Services  
714 P Street, Room 1140  
Accounting Section  
Federal Liaison Unit  
Sacramento, CA 95814  
Attn: Patricia Kinney

## CLAIMS PROCESSING

All claims submitted to the State Department of Health Services for payment are reviewed by staff in the Accounting Section, Federal Liaison Unit (FLU). If errors are found or additional documentation is required, state staff will contact the MAC Coordinator. It may be possible to resolve errors by phone or have the LGA fax additional data. If this can be accomplished within a day or two, the claim will be held in the FLU pending resolution. Otherwise, the claim will be returned to the LGA with a letter explaining the reason for the return.

If a claim is being resubmitted after being corrected or additional data is provided, that should be indicated on the claim as C1. Further corrections to the same claim should be numbered as C2 and so on.

Once a claim has passed fiscal review, it is forwarded to the Medi-Cal Benefits Branch for review and payment authorization.

Once the claim is authorized for payment, HCFA staff will review and approve or reject a claim. HCFA may request additional information or documentation. If required, the submitting LGA MAC coordinator will be notified by state staff.

After all approvals are secured, the claim will be scheduled for payment. It is important to note that any payments made under the Original MAC must have been offset to receive payment for transition period MAC and TCM claims.

## STATUS REPORTS

Status Reports will be prepared by FLU and sent to the LGA's MAC Coordinator on a quarterly basis. For MAC claiming, each LGA will receive a status report for Track I (Original MAC), Track II (Resolution Period), Track III (Transition Period) and Track IV (prospective) claims. Status reports for TCM transition period will be provided.

It is important that the Status Reports are reviewed and compared with the submitting LGAs internal records of what has been submitted. Any discrepancies should be immediately reports to FLU.